

Idaho EMSAC News

News from June 27, 2008
EMSAC Meeting

Emergency Medical Services Advisory Committee Newsletter

The Emergency Medical Services Advisory Committee, established by IDAPA 16.02.03.100

A statewide committee appointed by the Director of the Department of Health and Welfare "to provide counsel to the Department in administering the EMS act"

Scope of Practice Changes

Dr. David Kim, Chair of the Idaho EMS Physician Commission (EMSPC), presented a briefing on the changes to the Idaho EMS provider Scopes of Practice (SoP) made effective by the EMSPC's 2008-1 standards manual. The SoP is a description of what a provider legally can, and cannot do.

The following are highlights of Dr. Kim's presentation:

SoP Grid Display: Prior SoP's for Idaho EMS providers were somewhat vague, leaving the legality of some skills, devices and medications open for interpretation. The EMSPC chose to display specific skills and interventions for the 2008-1 SoP in a grid format (pages 23-26 of the standards manual) that offers greater clarity.

SoP "ceiling" and "floor": Dr. Kim introduced the concept of an SoP ceiling and floor. Each level of EMS provider certification is defined by both a SoP ceiling and a floor. All of the skills, devices and medications that EMS providers of a given level have been educated about are included in the floor of the SoP for that level. The skills, devices and medications that EMS providers may use if they are properly trained, tested and credentialed on the specific interventions define the ceiling of a given SoP. Providers of any given level may not use skills, devices and medications that exceed their SoP ceiling. Optional skills exist between the floor and ceiling of each level of EMS certification. The concept of a floor and ceiling is not new or unique to the 2008-1 standards manual. There are however, more optional skills, devices and medications in this edition. The decision to implement optional items is based on local need, preference and resource availability. The decision is made locally rather than by statewide mandate.

Training: Implementation of most optional skills, devices and medications requires the use of statewide training curricula. While the decision to use these optional items is made locally, statewide education standards help assure provider competency and proficiency. The EMS Bureau is responsible for the development of these statewide training curricula. The current Epi-Pen® program is an example of successful implementation of a statewide training program by the EMS Bureau.

Endotracheal Intubation: EMS agencies that perform endotracheal intubation must use an intubation protocol and equipment in accordance with EMSPC standards. The EMSPC has also developed minimum standards for intubation performance improvement and data collection. A growing body of peer-reviewed research has questioned the benefit and safety of out-of-hospital endotracheal intubation by EMS providers. To help ensure public safety and adherence to established best practice, the EMSPC has developed these minimum standards. Analysis of Idaho intubation data will guide development of future intubation standards and SoP decisions by the EMSPC.

Important Dates:

- The effective date of the standards manual was July 1, 2008.
- EMS providers have until the end of their current certification period or June 30, 2010 (whichever is later) to transition to the new SoP. (page 16 of the standards manual)

Meeting Dates

- October 30, 2008
Ameritel Boise Spectrum
7499 W Overland Rd, Boise

- February 19, 2009
TBD
(EMSPC February 20)

- June 18-19, 2009
TBD

Call the EMS Bureau at

208-334-4000 for more information

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- The deadline for submission of Medical Supervision Plans (MSP) is November 1, 2008. Medical Directors should submit their MSP to the EMS Bureau. (page 9 of the standards manual)
- Medical Directors should begin advanced airway management data collection on October 1, 2008 (page 21 of the standards manual)
- The SoP will change again upon implementation of the National SoP Model (projected in 2012). Dates of items that support the National SoP model:
 - National EMS education standards that support the National SoP Model are projected to be available in Jan. 2009.
 - American Heart Association Emergency Cardiac Care update is expected in early 2010.
 - Texts supporting the new education standards are expected in late 2010 to early 2011.
- The future Idaho SoP that is based on the National SoP Model will likely include skill additions over the 2008-1 version SoP.

More Information: For more detailed information, you may download the standards manual at the following link:
<http://www.healthandwelfare.idaho.gov/DesktopModules/Documents/DocumentsView.aspx?tabID=0&ItemID=11981&Mid=12322&wversion=Staging>

Information from the Idaho Bureau of Homeland Security

Steve Steiner, Deputy Director of Interoperability Communications with the Bureau of Homeland Security (BHS), gave a presentation on the status of the state of Idaho's radio communication interoperability. There are several projects in process.

The infrastructure project involves replacing the current radio equipment, 3x DS3 Alcatel with 4x DS3 radios (Harris Constellation) an expansion of the microwave sites to support northeast and southeast Idaho, and development of a formal infrastructure partnership with Wyoming at Hell Hole Ridge and Montana at Sawtelle Peak.

The broadband Emergency Operations Center (EOC) project involves developing Regional Operations Centers to support state communication needs by dividing the state into three operations/management regions and to establish Emergency Communications/Management Centers in each region (Boise, Coeur d'Alene, Idaho Falls). Communication equipment is being connected to the State EOCs in 44 counties and three tribal EOCs, utilizing existing Department of Motor Vehicles (DMV) network. The broadband project also involves installing 4.9 GHz Backhaul Microwave or fiber infrastructure connecting the state microwave backbone to each respective county or tribal EOC using 10-35 Mbs Ethernet. The projected timeline is 24 months.

The Homeland Security Bureau has a \$3 billion grant for these projects and will encompass all forms of communications such as videoconferencing, radio, voice over IP, etc. Idaho is one of the top ten states to receive this funding due to its infrastructure. Gowen Field was chosen to be the location of Idaho's EOC due to its proximity to the air field, it is subterranean, and has direct connections to the Mountain Home Air Force Base and National Interagency Fire Center. The BHS website plans to have the project information and maps on its website in the near future.



Pandemic Flu

Neeki Larsen, EMS Bureau System Development manager, presented the *National Strategy of Pandemic Influenza: Implementation Plan* and the *Preparing for Pandemic Influenza: Recommendation for Protocol Development for 9-1-1 Personnel and Public Safety Answering Points (PSAPs)*. The Idaho Division of Health office asked EMSAC to consider the documents and to make comments. The documents are designed to provide guidance to state and local agencies in developing pandemic flu plans and operational protocols.

Consider:

- Pandemic flu is different from seasonal flu in that it is many times fatal. The largest pandemic was in 1918. It started in Texas and was called the "Spanish Flu". It killed 25 million people in a matter of 25 weeks. Typically, a person infected with the virus would get "the tickle" in their throat in the morning and be dead by evening. The world is statistically due for an outbreak of pandemic flu.
- The scientific prediction is that there will be a 40% reduction nationwide in the workforce during a pandemic flu. This would create hospital surge, school closures, cancellation of mass gatherings, alternate work methods required, succession of leadership issues, severe interruption of supplies, loss of critical contacts, and other critical interruptions to doing business.
- A pandemic flu outbreak would cause long term (2+ years) severe negative economic impact, and a shortage of critical items such as food, water, medicine, and fuel.

Think about how a flu pandemic would affect the emergency services! Aside from the above mentioned challenges, there is the added problems of protecting the EMS provider and their families, and preparing for changes in scope of practice and operational protocols.

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The State of Idaho has purchased a limited supply of anti-viral medicine to stockpile. During an event, the stockpile would be distributed to critical personnel. The state is still planning distribution protocol and deciding who "critical personnel" are.

When and if funding becomes available State Communications will work with PSAPs through the Emergency Communication Commission to coordinate statewide pandemic flu planning and material development in accordance with the national guidance.

It is suggested EMS agencies prepare today for a pandemic flu by reviewing the national documents and creating a continuity of operations plan (COOP).

The national documents may be found at:

PSAPs: www.nhtsa.gov/people/injury/ems/pandemicinfluenza

EMS: www.nhtsa.gov/people/injury/ems/pandemicinfluenzaguidelines/

Concern for 911 centers during Pandemic Flu

The EMS Bureau expressed concern over the reverse engineering in 911 centers and a triage system that would be needed to deal with a pandemic flu outbreak. Madison County is mature in their pan flu COOP planning and Nez Perce County plans to use a paramedic to triage 911 calls. It was suggested the EMS Bureau obtain all seven health district plans and evaluate EMS and Emergency Medical Dispatch (EMD) impact and the incorporation of the national guidelines into the plans.

Changes in EMSAC Membership James Ackerman and Thomas Kraner's terms have expired. Randy Baldwin resigned for medical reasons. Gary Showers, Mark Johnson, and Dennis Godfrey are new EMSAC members as of February 2008.

EMS Bureau News

Recent departures: Dennis Neibaur, Marcella Mink, Julie Erickson, Kim Martin, Susan Lougee, and Joshua Hill are no longer with the EMS Bureau.

Openings: The EMS Bureau has a vacancy in the Lewiston office for a part time Administrative Assistant in System Development. The Boise Office has vacancies for a part-time Technical Records Specialist in Standards and Compliance, and a part-time Technical Records Specialist in Systems Information. If you are interested in part-time employment please submit a letter of interest to: Wayne Denny, EMS Bureau, PO Box 83720, Boise, ID, 83720

New Arrivals: Tara Knight is the new Systems Development Administrative Assistant in the Boise office.

Season Pierson, the new Southwest Regional Consultant, started work in this capacity on June 30, 2008. She transferred from a position in the Standards and Compliance Section. Season has been involved in the Idaho EMS System since 2000 when she obtained her First Responder certification. She now holds an Advanced EMT certification. Season has a background as a firefighter and an EMT. She filled a seat on EMSAC as the Fire-Department Non-Transport Representative and the Idaho Fire Chief's Association-EMS Division District 3 Representative. Her education is ongoing, and she is currently enrolled in a Bachelor of Science program at Boise State University with a major in Health Sciences.

Tara Knight started as the new Systems Development Administrative Assistant in Boise on July 14th. She previously worked for the Central District Health Department (CDHD). While employed at CDHD she was involved with the programs for immunizations of refugees and children. She plans to be with the State of Idaho for a very long time. Prior to employment with the State, Tara worked at DirecTV in the Office of the President for 5 years. Tara has a BS in Social Science from Boise State University with an emphasis in communications and sociology. At some point, she would like to return to BSU to get a Master's degree in Communications.

ON OUR WEBSITE

The Physician Orders for Scope of Treatment (POST/DNR) General guideline has been updated. Some of the contraindications have been modified in item #8. (The guidelines may be viewed at www.idahoEMS.org)

The EMS Bureau Website will have Glucagon and Glucometry Guidelines by the end of September

EMSAC Subcommittee Reports

EMSC

Emergency Medical Services for Children



Money is budgeted within the EMS for Children (EMSC) grant to purchase approximately 50 pediatric jump kits and 50 pediatric backboards. Seventy pediatric backboards have already been purchased with last years funds. EMSAC recommends to use the money for jump kits only.

Rachael Alter has been working with many of her counterparts in other states and the EMSC National Resource Center (NRC) to refine and clarify the Performance Measures utilized by Health Resources and Services Administration (HRSA) for the State Partnership Grants. Specifically, the NRC has requested feedback on a new

pediatric equipment list for basic life support and advanced life support units (Measure 66b). The feedback form provided by NRC was distributed and discussed by the EMSC subcommittee. Consensus comments were developed and will be provided to Rachael and the NRC.

The subcommittee reviewed results of the November 2007 hospital questionnaire. Highlights are:

37 hospitals with emergency departments (ED's) were sent the questionnaire,
34 responses were received (92%)

31 responding hospital ED's received pediatric specific train-

ing during 2007 (including Pediatric Advanced Life Support (PALS), Neonatal Resuscitation Program (NRP), Emergency Nursing Pediatric Course (ENPC), Advanced Pediatric Life Support (APLS))

26 responding hospitals replied that they provide on-line medical direction

24 responding hospitals are Critical Access Hospital (CAH) facilities

An update of Emergency Pediatric Care (EPC) courses was given:

EMSC funded two courses in Boise and one in Idaho

Falls with six attendees each. Low numbers were influenced by:

- lack of interest
- lack of funding to pay attendee and/or having to pay over-time
- not identified as required or critically necessary

Valley County EMS agencies have requested an EPC course and offered to provide facilities for the course in Donnelly. EMSC will work to fund this course. The location is well located for Valley, Adams, and Boise county providers. We will use this opportunity to see if increased interest can be garnered in rural communities.



Grant Subcommittee

The EMSAC Grant Subcommittee met for an all day work session. Six EMSAC members attended along with several EMS Bureau staff.

The Dedicated Grant Rules Revision process is moving along slowly. There will be an opportunity to make comments prior to the changes going to legislature in FY 2010.

The FY08 Training Grants awarded \$30,125 to grant recipients. \$30K was contracted to the St. Alphonsus Foundation to develop a program to pay registration fees for EMS providers attending a conference or workshop with a strong trauma content. The subcommittee recommended there be a process to ensure funds would be distributed throughout the year, with maximums set per event. This will ensure conferences and workshops occurring later in the year benefit as well.

Several options to change the FY09 Training Grant program in the future were discussed. The intent is to best utilize the available funds. There are no funds for the training grant this year, so no action is necessary at this time. The Bureau has purchased testing vouchers to be used by providers for the Pearson Vue test. The voucher program has been launched. Contact your agency administrator for questions.

The Bureau is administering a one-time \$360,000 federally funded Interoperability Grant program. The IO

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grant is designed to provide P-25 compliant radios to EMS agencies. A total of \$2,144,441 in requests were received from fifty agencies. Fifteen agencies received awards.

The FY09 Dedicated Grant applications were reviewed. Eighty two applications were received totaling \$3,149,037 in requests. Available funds are \$1,261,160. Thirty one vehicles and 203 equipment items were requested. Recommendations and motions were:

- Epi Pen® requests were capped at \$60 each with the recommendation that the quantity be limited to two (1 adult and 1 pediatric) per agency vehicle, plus two replacements.
- A list of eligible equipment items is to be made by the EMS Bureau based on past approved equipment. The list is to be reviewed at the October 30 EMSAC meeting.
- Mechanical CPR devices and MedDeck Pivoting Litters were considered ineligible for the current grant cycle.
- Items requested as “a kit” must be on the manufacturer’s website or in their published catalog as kits.
- For the fiscal year 2010 grant, if an agency requests an item not on the eligible list, the agency would have to justify the need for the item in writing to the EMSAC subcommittee prior to the February 2009 EMSAC meeting.
- An agency cap of \$20,000 for equipment be set for the FY09 grant cycle.

The motions and recommendations made by the subcommittee were presented to the general session on Friday and all passed.

EMSAC Education Subcommittee

The EMSAC Education Subcommittee met three times prior to the EMSAC meeting to discuss the recommendation of accreditation for EMS education programs, the changes the National EMS Education Agenda would require of the Advanced EMT, the quality of current Idaho EMS instructors, and non-required (but important and necessary) Idaho specific training modules for items such as POST, Safe Haven, and medical-legal items.

The EMS Bureau originally planned to create a state accreditation process for all levels of EMS education. Due to funding issues, the EMS Bureau will not be able to proceed as planned.

The Idaho Consortium of

EMS Educators created a document that shows the current Idaho Advanced EMT would need to obtain about 200 hours of additional training to transition to the National Education Agenda level of Advanced EMT. After much discussion, the Education Subcommittee agreed to recommend to the Emergency Medical Services Physicians Commission (EMSPC) that the current Advanced EMT will not be required to transition to the new level Advanced EMT indefinitely. However, as of the implementation date of the National EMS Education Agenda, they recommended that all incoming Advanced EMT certifications be required to meet the new level.

The Education Subcommittee recommended a maxi-

mum transition period of six months for First Responder to Emergency Medical Responder, EMT-B to EMT, and EMT-P to Paramedic. If the provider chooses to acquire the new Advanced EMT they should have one year to do so.

The subcommittee had many long discussions about alternative methods of education delivery (distance, self paced, remote access to live classes) for the Advanced EMT to obtain the 200 hours of transition training.

The subcommittee agreed that as funding becomes available, the EMS Bureau should create Idaho specific modules for EMS providers.



Emergency Medical Services Advisory Committee Newsletter

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